PTO/SB/06 (07-06)

Approved for use through 1/31/2007. OMB 0651-0032
U.S. Patient and Trademy Coffice, U.S. Department of the property of the pro

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/676,139			ling Date 30/2003	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN
⊢	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	OR	RATE (\$)	FEE (\$)
	BASIC FEE		N/A	LD NO.	N/A		N/A	TEE (w)	1	N/A	TEE (0)
\vdash	(37 CFR 1.16(a), (b), o	or (c))					H		ł		
Ë	(37 CFR 1.16(k), (f), c		N/A	$-\!\!\!\!\!+\!\!\!\!\!-$	N/A		N/A		ł	N/A	
TO	(37 CFR 1.16(o), (p), o	or (q))	N/A		N/A		N/A		l	N/A	
(37	CFR 1.16(i)) EPENDENT CLAIM	(S	minus 20 = *			Н	x \$ =		OR	x \$ =	
	CFR 1.16(h))				l	x \$ =		1	x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	ts of pape 50 (\$125 tional 50 s	gs exceed 100 in size fee due for each in thereof. See CFR 1.16(s).							
	MULTIPLE DEPEN	IDENT CLAIM PR	ESENT (3	7 CFR 1.16(j))		H			J		
* If	the difference in colu	umn 1 is less than	r "0" in column 2.	-	TOTAL]	TOTAL			
	APPLICATION AS AMENDED – PART II (Column 1) (Column 2) (Column 3)							OTHER THAN SMALL ENTITY OR SMALL ENTITY			
⊢	· ·	CLAIMS	HIGHE		ST				<u> </u>		
Į.	08/25/2008	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
AMENDMENT	Total (37 CFR 1.16(i))	· 33	Minus	" 51	= 0]	x \$ =		OR	X \$50=	0
	Independent (37 CFR 1.16(h))	• 6	Minus	6	= 0	H	x \$ =		OR	X \$210=	0
M	Application Size Fee (37 CFR 1.16(s))										
`	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
Г						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
(Column 1) (Column 2) (Column 3)											
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
Z I	Total (37 CFR 1,16(i))		Minus		=	П	x \$ =		OR	x s =	
AMENDMENT	Independent (37 CFR 1.16(h))		Minus	***		1	x \$ =		OR	x s =	
Z	Application Si	ize Fee (37 CFR 1	.16(s))			l]		
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					1			OR		
Г							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
If the entry in column 1 is less than the ontry in column 2, write 0" in column 3. If the "Highest Number Previously Paid For NT HIS SPACE is less than 30, enter "20". "If the "Highest Number Previously Paid For NT HIS SPACE is less than 3, enter "3". "If the "Highest Number Previously Paid For NT HIS SPACE is less than 3, enter "3".											

This collection of information is equated by 37 CER. 1.16. The information is required to obtain or retain a bearful by the public which his lost figured by the USFTO to monoceal an implication. Confidentiality is ownered by 80 Sec. 22 and 37 CEF 1.15. This collection is extensive the size of a window properties, and submitting the completed application form to the USFTO. Time well vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or seggestions for reducing this burdon, should be sent to the CEM information Officer. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrius, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrius, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrius, VA 22313-1450.